

SPECIAL CONSERVATOR OF THE PEACE DUPLICATE/REPLACEMENT PHOTO ID APPLICATION Form Code: PSS_SCOPID Application Fee - \$20.00, Non-Refundable (Checks payable to: Treasurer, Commonwealth of Virginia)	For Agency Use Only: FEE CODE: Batch # / Date:
COMMONWEALTH OF VIRGINIA : DEPARTMENT OF CRIMINAL JUSTICE SERVICES Private Security Services Section, P.O. Box 10110, Richmond, VA 23240-9998 Phone #: (804) 786-4700; Fax #: (804) 786-6344 Website: www.dcjs.org/privatesecurity	

The following must accompany this application:

Please Note:

♦ Non-refundable fee of \$20.00

♦ Incomplete applications will be returned

Applicant Name:

Last Name

First Name

MI

Social Security #: _____ DMV Alternate ID#

Date of Birth

mm/dd/yy

Mailing Address:

Number and Street

City/Town

State

Zip

Telephone: Residence

Business

Fax

May the Department provide information via an e-mail address? ☐ Yes ☐ No

E-Mail Address:

Have you **ever been convicted** or **found guilty of a felony or misdemeanor** (not to include minor traffic violations) in Virginia or any other jurisdiction to include military court martial or currently under protective orders that has not already been reported to the department? ☐ Yes ☐ No

- **If Yes**, please attach a **Private Security Criminal History Supplemental Form** (PSS_CHS) and all requested criminal history documentation. *This form may be found on our website www.dcjs.org/privatesecurity under Form Name: PSS_CHS.*

Duplicate/Replacement Identificaiton Requested (Check One)

☐ Unarmed SCOP Registration

☐ Armed SCOP Registration

The undersigned states that he/she is the person who executed this application, that the statements herein contained are true, that he/she has not suppressed any information that might affect this application, and that he/she understands that any misrepresentation or falsification of this application may be cause for denial.

Applicant's Signature _____ Date:

mm/dd/yy